



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T. – Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@idhw.state.id.us

March 13, 2007

Toni Greer, Administrator
The Cottages of Weiser
1225 E 6th St
Weiser, ID 83672

License #: RC-705

Dear Ms. Greer:

On February 7, 2007, a state licensure survey was conducted at The Cottages of Weiser. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Core issues, which are described on the Statement of Deficiencies, and for which you have submitted a Plan of Correction.
- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted plan of correction and evidence of resolution.

Should you have questions, please contact Maureen McCann, RN, Health Facility Surveyor, Residential Community Care Program, at (208) 334-6626.

Sincerely,

MAUREEN MCCANN, RN
Team Leader
Health Facility Surveyor
Residential Community Care Program

MM/sc

c: Jamie Simpson, MBA, QMRP Supervisor, Residential Community Care Program



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February 20, 2007

CERTIFIED MAIL #: 7003 0500 0003 1967 0605

Toni Norton, Administrator
The Cottages of Weiser
1225 E 6th St
Weiser, ID 83672

Dear Ms. Norton:

Based on the state licensure survey conducted by our staff at The Cottages of Weiser on **February 7, 2007**, we have determined that the facility failed to protect residents from inadequate care. Based on observation, interview and record review, it was determined the facility failed to protect resident rights by not ensuring residents were free from involuntary seclusion for 1 of 7 sampled residents (#1). Additionally, it was determined the facility failed to provide sufficient supervision to meet the needs for 1 of 7 sampled residents (#1).

This core issue deficiency substantially limits the capacity of The Cottages of Weiser to furnish services of an adequate level or quality to ensure that residents' health and safety are safe-guarded. The deficiency is described on the enclosed Statement of Deficiencies.

You have an opportunity to make corrections and thus avoid a potential enforcement action. Correction of this deficiency must be achieved by **March 24, 2007**. **We urge you to begin correction immediately.**

After you have studied the enclosed Statement of Deficiencies, please write a Plan of Correction by answering **each** of the following questions for **each** deficient practice:

- A ♦ What corrective action(s) will be accomplished for those specific residents/personnel/areas found to have been affected by the deficient practice?
- B ♦ How will you identify other residents/personnel/areas that may be affected by the same deficient practice and what corrective action(s) will be taken?
- C ♦ What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur?
- D ♦ How will the corrective action(s) be monitored and how often will monitoring occur to ensure that the deficient practice will not recur (i.e., what quality assurance program will be put into place)?

Toni Norton, Administrator
February 20, 2007
Page 2 of 2

✦ What date will the corrective action(s) be completed by?

Return the **signed** and **dated** Plan of Correction to us by **March 1, 2007**, and keep a copy for your records. Your license depends upon the corrections made and the evaluation of the Plan of Correction you develop.

In accordance with Informational Letter #2002-16 INFORMAL DISPUTE RESOLUTION (IDR) PROCESS, you have available the opportunity to question cited deficiencies through an informal dispute resolution process. If you disagree with the survey report findings, you may make a written request to the Chief of the Bureau of Facility Standards for a Level 1 IDR meeting. The request for the meeting must be made within ten (10) business days of receipt of the statement of deficiencies (**March 1, 2007**). The specific deficiencies for which the facility asks reconsideration must be included in the written request, as well as the reason for the request for reconsideration. The facility's request must include sufficient information for the Bureau of Facility Standards to determine the basis for the provider's appeal. If your request for informal dispute resolution is received after **March 1, 2007**, your request will not be granted.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying proof of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by **March 9, 2007**.

If, at the follow-up survey, it is found that the facility is not in compliance with the rules and standards for residential care or assisted living facilities, the Department will have no alternative but to initiate an enforcement action against the license held by Cottages Of Weiser, The - Cottage Investors Li, Llc.

Should you have any questions, or if we may be of assistance, please call our office at (208) 334-6626.

Sincerely,



JAMIE SIMPSON, MBA, QMRP
Supervisor
Residential Community Care Program

JS/slc

Enclosure

c: Debra Ransom, R.N., R.H.I.T., Chief, Bureau of Facility Standards
Marie Penavs, Program Manager, Regional Medicaid Services, Region III - DHW

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R705	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/07/2007
NAME OF PROVIDER OR SUPPLIER COTTAGES OF WEISER, THE		STREET ADDRESS, CITY, STATE, ZIP CODE 1225 E 6TH ST WEISER, ID 83672		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	Initial Comments The following deficiencies were cited during the standard survey conducted at your residential care/assisted living facility. The surveyors conducting your survey were: Maureen McCann, RN Team Coordinator Health Facility Surveyor Patrick Hendrickson, RN Health Facility Surveyor Survey Definitions: NSA = Negotiated Service Agreement BM= Bowel Movement	R 000		
R 008	16.03.22.520 Protect Residents from Inadequate Care. The administrator must assure that policies and procedures are implemented to assure that all residents are free from inadequate care. This Rule is not met as evidenced by: Based on observation, interview and record review, it was determined the facility failed to protect resident rights by not ensuring residents were free from involuntary seclusion for 1 of 7 sampled residents (# 1). Additionally, it was determined the facility failed to provide sufficient supervision to meet the needs for 1 of 7 sampled residents (#1). I. Resident Rights Review of the facility's "Residents' Rights" policy	R 008		

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

GRK711

If continuation sheet 1 of 5

Bureau of Facility Standards

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R 008	<p>Continued From page 1</p> <p>on 2/7/07 documented, "Each resident should have the right to be free from involuntary seclusion and physical restraints."</p> <p>Review of the facility's "Operational" policy on 2/7/07 documented, the facility will "promote optimal independence and ensure an environment is the least restrictive to liberties".</p> <p>Review of the Resident #1's record on 2/6/07 documented the resident was admitted on 4/22/06 with the diagnoses of dementia, acute cerebral hemorrhage and osteoarthritis.</p> <p>Resident #1's record contained a "Residents' Rights" advisory that was signed and dated by the Resident's son/POA and the facility's administrator on 4/25/06. The document stated, "Each resident should have the right to be free from involuntary seclusion and physical restraints."</p> <p>Resident #1's record also contained an updated NSA signed and dated on 12/23/06. The NSA stated under the "Mobility and Transferring" section, the resident is to be in a wheelchair only when supervised, otherwise she is to be in her room. "There will be a child safety gait on her door way so that she will not crawl out into the hall and upset other residents and/or create a safety hazard with her on the floor".</p> <p>Review of the Residents record "Daily Log" notes on 2/6/07 revealed the following entries:</p> <p>On 12/24/06, The residents family obtained a gate for the residents bedroom door.</p> <p>On 12/27/06, "A gate has been applied to prevent her from going out into the hall and</p>	R 008		

Bureau of Facility Standards

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R 008	<p>Continued From page 2</p> <p>upsetting the other residents and creating a fall risk."</p> <p>On 1/10/07, "She is adjusting to having to stay inside her room and not crawl in the hall."</p> <p>Review of the facilities Home Health/Hospice Log, on 2/6/07 revealed the following entries:</p> <p>On 12/26/06, "There was a gait across (Resident #1's) entrance doorway."</p> <p>On 12/28/06, The Resident "was trying to get help through the gate at the door of the room."</p> <p>On 1/10/07, The Resident's "Doorway screened off so she will stay in her room."</p> <p>On 1/11/07, The Resident "has door rail to prevent her from crawling out of her room".</p> <p>Review of the facility's "Incident /Accident Report Log" on 2/6/07 revealed a hand written note written by the facility's nurse/administrator dated 12/21/06. The note documented the facility was going to "allow" the resident to be up in the wheel chair during meals and then staff were to "put the resident in her room." It further documented that staff "will put a child safety gate at the door to keep her inside the room".</p> <p>On 2/6/07 at 12:20 p.m., the facility's nurse/administrator confirmed the gate was being used to keep Resident #1 in her room.</p> <p>On 2/6/07 at 1:40 p.m., the resident was observed in her room sitting on the floor behind the metal gate blocking the door way. The resident had both hands grasping the metal gate rails, shaking the rails, staring into the hallway,</p>	R 008			

Bureau of Facility Standards

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R 008	<p>Continued From page 3</p> <p>and jabbering continuously non-intelligible sentences.</p> <p>II. Supervision</p> <p>Resident #1's record documented the resident was admitted on 4/22/06 with the diagnoses of dementia, acute cerebral hemorrhage and osteoarthritis.</p> <p>Resident #1's record contained an updated NSA signed and dated on 12/23/06. The NSA, under the "Mobility and Transferring" section, stated the resident would be in a wheelchair only when supervised. Further, under the "Activity of Daily Living" section, the NSA stated staff were to assist the resident with her toileting needs.</p> <p>Review of the facility's "Incident /Accident Report Log" on 2/6/07 revealed the resident had unwitnessed falls from her wheelchair on 9/21/06, 10/5/06, 11/20/06, 12/03/06, 12/15/06 and 12/16/06. Further, the facility's "Incident /Accident Report Log" also stated the resident had other unwitnessed falls on 5/31/06, 8/18/06, 10/21/06, 10/31/06 and 12/12/06.</p> <p>Review of the resident's record "Daily Log" notes on 2/6/07 revealed the following entries;</p> <p>On 11/2/06, "resident had a couple of falls today X' 2."</p> <p>On 11/03/06, "Resident was found outside the facility, she was by the exit in the bushes. Apparently got herself out the back door and tipped over in her wheelchair." "Shortly after that she went into another resident's room and was found on the bathroom floor."</p>	R 008		

PRINTED: 02/12/2007
FORM APPROVED

Bureau of Facility Standards

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R 008	<p>Continued From page 4</p> <p>On 11/03/06 2:00 p.m., " went to get resident up, she had taken her pants off and there was BM all over her carpet".</p> <p>On 11/12/06 9:00 p.m., "fell on floor from wheelchair."</p> <p>On 11/23/07 6:00 a.m., "Resident had 2 BM's all over her carpet."</p> <p>On 12/13/06 10:00 p.m., "Resident had 2 BM's on the floor."</p> <p>On 1/26/07 3:30 p.m., " Found EX-large BM in shower."</p> <p>Review of the facility's Home Health/Hospice Log, on 2/6/07 revealed on 12/18/06, facility staff reported to the Hospice nurse the resident had fallen twice over the weekend.</p> <p>On 2/6/07 at 4:20 p.m., the facility's nurse/administrator stated the resident has had many falls during meal times and other busy times "we do not have the staff to supervise her."</p> <p>By installing a gate in the residents bedroom doorway which imposed involuntary seclusion to Resident #1, the facility failed to protect her rights. Additionally, Resident #1 had 16 documented falls within 2 1/2 months and had toileted on her bedroom floor and shower on a number of occasions. The resident also was able to exit the facility out the back door resulting in a fall. The facility failed to provided sufficient supervision to assure resident #1's health and safety was provided for at all times. These failures resulted in inadequate care.</p>	R 008		

Bureau of Facility Standards
STATE FORM

6893

GRK711

If continuation sheet 5 of 6

Zoni Brea 3/4/07

See attached

Detected & Corrected 3/11/07

Bureau of Facility Standards

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R 008	<p>Continued From page 4</p> <p>On 11/03/06 2:00 p.m., "went to get resident up, she had taken her pants off and there was BM all over her carpet".</p> <p>On 11/12/06 9:00 p.m., "fell on floor from wheelchair."</p> <p>On 11/23/07 6:00 a.m., "Resident had 2 BM's all over her carpet."</p> <p>On 12/13/06 10:00 p.m., "Resident had 2 BM's on the floor."</p> <p>On 1/26/07 3:30 p.m., " Found EX-large BM in shower."</p> <p>Review of the facility's Home Health/Hospice Log, on 2/6/07 revealed on 12/18/06, facility staff reported to the Hospice nurse the resident had fallen twice over the weekend.</p> <p>On 2/6/07 at 4:20 p.m., the facility's nurse/administrator stated the resident has had many falls during meal times and other busy times "we do not have the staff to supervise her."</p> <p>By installing a gate in the residents bedroom doorway which imposed involuntary seclusion to Resident #1, the facility failed to protect her rights. Additionally, Resident #1 had 16 documented falls within 2 1/2 months and had toileted on her bedroom floor and shower on a number of occasions. The resident also was able to exit the facility out the back door resulting in a fall. The facility failed to provided sufficient supervision to assure resident #1's health and safety was provided for at all times. These failures resulted in inadequate care.</p>	R 008		



ASSISTED LIVING
Non-Core Issues
Punch List

Facility Name <i>Colleges of Wasee</i>	Physical Address <i>1225 E 6th</i>	Phone Number <i>414 4200</i> Fax <i>414 4203</i>
Administrator <i>Toni Greer</i>	City <i>Wasee ID</i>	ZIP Code <i>83672</i>
Survey Team Leader <i>Maureen A. Holman</i>	Survey Type <i>Standard</i>	Survey Date <i>2/7/07</i>

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	BFS USE
1	305.DI	The facility nurse did not assess Resident #'s 2+6's MM prescribed therapy - i.e. bedrails.	MHC 2/26/07	
2	310.DIF	Residents were not observed by staff, taking their medications.	MHC 2/26/07	
3	450	The facility did not follow all Title Food Code requirements.	COS	
4	600.06B	An employee working night shift at Cottage of Weigher # worked alone without having current 1st Aid Certification.	MHC 3/1/07 MNC	(29)
5	711.01	Residents #'s 3+6, did not have current Behavioral Management plans in their case records.	MHC 2/28/06	
6	250.(H) (250.14)	The facility device to maintain or secure interior environment was not activated. Furthermore, the facilities exterior yard fence is incomplete thus unable to be secured. The facility does retain residents that have cognitive impairments.	MHC 2/8/06	

Response Required Date

Signature of Facility Representative

Date Signed

3/9/07

Lou Green

2-7-07